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## Indiana University Health: A Student, an Institution, and the People

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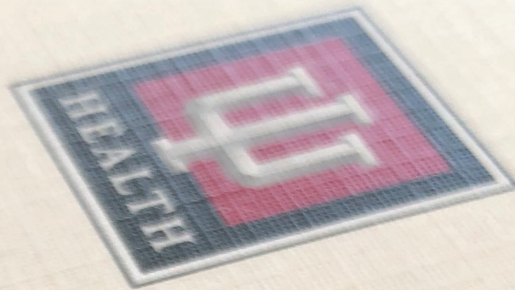
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# INDIANA UNIVERSITY HEALTH:

A Student, an Institution, and the People

Allison Bates, *College of Pharmacy*

## STUDENT AUTHOR BIO SKETCH

**Allison Bates** is a student in Purdue University's Doctor of Pharmacy program with an anticipated graduation date of May 2019. Her future career aspirations are to practice in ambulatory care pharmacy or in an oncology setting. She has volunteered with the Joseph Maley Foundation since 2009 and with the "It's My Closet" organization in Lafayette since 2014. This article describes her experience working as an intern with Dr. Dawn Moore, Vice President of Pharmacy and Chief Pharmacy Officer at IU Health.

## INTRODUCTION

As of 2016, 7.6% of Americans reported having no insurance for more than a year, according to a *CNBC* article reporting on a National Center for Health Statistics survey (Mangan, 2017). Although this same survey reported a decrease from 9.1% reported in 2015, these figures still leave room for improvement (Martinez, Zammitti, & Cohen, 2017). Health care in America has proven to be complex. The National Health Expenditure fact sheet reported that hospital expenditures grew 5.7% from 2015 to 2016 (Centers for Medicare and Medicaid Services, n.d.a, n.d.b). As a student, I pursued opportunities to gain experience to understand health care functionality, as well as pharmacy practice in a hospital setting. Further, I was seeking an opportunity to apply the clinical knowledge I learned in pharmacy school to real-life settings.

While improving access to care is a crucial step in improving health care, many patients still struggle to afford treatment and transition from hospital intensive care to a care plan they can implement in their daily lives. According to Bell et al. (2011), patients admitted to an intensive care unit (ICU) have an increased risk of discontinuing their medications after discharge as

compared to general admissions. This study also found that ICU patients are at risk for unintentional discontinuations (Bell et al., 2011). Many of these patients are in need of a consistent primary care provider. According to Dall, West, Chakrabarti, and Iacobucci, our country is experiencing a shortage in primary care physicians, while population demand is growing. A 2016 workforce report from the Association of American Medical Colleges (AAMC) projected a physician shortage ranging between 61,700 and 94,700 over the next decade (Dall et al., 2016). As an aspiring pharmacist, these statistics provide context for the state of health care. It is common for students to seek experience working as pharmacy technicians and later as pharmacy interns upon acceptance to pharmacy school. Work experience is helpful in comprehending health care issues.

My coursework in Public Health (PHRM 827), Population Health (PHRM 849), and the Dean's Forum (PHRM 425) taught me about work in hospital settings, as well as how health care functions. Prior to this experience, I spent a year interning with Meijer Pharmacy. The primary goals of my internship were to shadow individuals

**Figure 1 (banner image, above).** An example of business cards received from pharmacists during the internship.

in as many pharmacy settings as possible, understand the functions and definition of a pharmacy enterprise, and to further develop my professional network.

## DESCRIPTION

My internship took place with Indiana University Health (IU Health) at each of their hospitals in and around central Indianapolis (Methodist, University, Riley Children's, and Saxony). Their mission is to "lead the transformation of healthcare through quality, innovation and education, and make Indiana one of the nation's healthiest states" (Indiana University Health, n.d.a). My supervisor and mentor, Dr. Dawn Moore, is the vice president of pharmacy and the chief pharmacy officer (CPO) with IU Health. After obtaining her PharmD from Florida Agricultural and Mechanical University, she completed a residency and earned a master's degree in health system pharmacy administration at the University of Wisconsin–Madison. From her administrative office in downtown Indianapolis, called Fairbanks Hall, she coordinated shadowing and other experiential opportunities via her IU Health network.

Several of IU Health's hospitals are located in downtown Indianapolis, which has an interesting blend of patient populations. Many patients come from lower-income neighborhoods and lower socioeconomic statuses. However, others came from outside the Indianapolis area for special services offered by a particular hospital. For example, many patients traveled to Indianapolis for treatment at the Simon Cancer Center located within University Hospital. Their conditions may be severe or complicated. The IU Health system has had 115,737 surgery cases; 493,565 ER visits; and 2,879,430 outpatient visits (Indiana University Health, n.d.a). There are 18 IU Health hospitals and 184 primary care facilities in the state (Indiana University Health, n.d.b). The Hoosiers by the Numbers (n.d.) database reported IU Health as the ninth-largest source of employment for Hoosiers.

This internship opportunity arose when I asked a family friend and administrative employee of IU Health about pharmacy summer internships for students. To my surprise, he discussed options and introduced me to Dr. Moore. While meeting with Dr. Moore prior to the experience, we discussed what kinds of activities I sought and what she could provide. Together, we designed a full-time transitional internship in different IU Health pharmacy settings. I was not provided a list of objectives at the start; instead I observed and learned while contributing toward tasks. This was challenging, as it required me to briefly explain to each new person I



**Figure 2.** An example of a badge provided to students that spend time with IU Health.

encountered—both staff and patients at IU Health Methodist Hospital, University Hospital, Riley Children's Hospital, and Saxony Hospital—why I was there.

I spent one week visiting ambulatory care sites at IU Health facilities where pharmacists challenged me as a student. I provided counseling on proper diet for a patient with diabetes, demonstrated the use of insulin pens, and helped patients identify lifestyle goals to improve their health. During my week in the oncology setting, I participated in calculating doses of chemotherapy. I was also able to attend a meeting with a drug company representative. This discussion included comparisons to the medication's clinical trial results. During my week in the inpatient setting, I performed medication reconciliation with patients, attended medical rounds with residents, and calculated total parenteral nutrition (TPN) regimens. The pharmacists asked for my clinical recommendations as a learning opportunity. The internship was self-driven in that I defined my own objectives in each setting.

The experience lasted seven weeks, so I was able to rotate through several different pharmacy settings. Some of the most notable include administration, ambulatory care, inpatient pharmacy, outpatient pharmacy, and oncology. There were common concepts across all settings. For example, while in administration, I learned of a United States federal government program called 340B. Under this program, pharmaceutical manufacturers are required to enter an agreement with the Department of Health and Human Services (HHS) where the manufacturer agrees to provide discounts on

Medicaid-covered outpatient medications. The providers, which serve vulnerable populations, are called “covered entities” and are organized into six categories (340B Health, n.d.). Hospitals must be owned or operated by state or local government, a public or private nonprofit corporation that are granted governmental powers, or a private nonprofit organization that is contracted to provide care to low-income individuals who are ineligible for Medicaid or Medicare (340B Health, n.d.). They must meet several requirements outlined in section 340B(a)(4) of the Public Health Service Act, including prohibition of duplicate discounts or rebates, prohibition of the resale of drugs, and participation in audits of expense records (Public Health Service Act, 42 U.S.C. § 340B, 2010).

This program surfaced again during my experience in outpatient pharmacies at IU Health hospitals. The outpatient pharmacies rely on these discounts to compete with larger retail pharmacy chains. More importantly, this contracted discount pricing entices patients to take their medication upon discharge, thus improving the likelihood of adherence to prescribed therapy. It also allows the outpatient pharmacists to have conversations with patients that are not solely focused on cost and that strengthen IU Health’s relationship with the many communities they serve.

During my internship, I was fortunate to meet many Purdue and Butler University pharmacy students who were participating in an internship or in a PharmD program—required practice experience as required by the Accreditation Council for Pharmacy Education (ACPE, 2015). Internships are not required but are available to those who have some pharmacy knowledge and a desire to pursue an extracurricular educational opportunity. Dr. Moore explained that internship opportunities are unique to each student. By providing me this opportunity, Dr. Moore established another connection between Purdue University’s College of Pharmacy and IU Health. Mentoring students reflects well on IU Health, and she enjoys giving back. Likewise, this experience helped me decide if hospital pharmacy is in my future. I learned the value of building my own resources, how to communicate more effectively with team members from other health care disciplines, and new pharmacy skills. Additionally, I expanded my professional network of pharmacists.

## COMMUNITY IMPACT

I believe my presence at IU Health as a student of Purdue University’s College of Pharmacy was influential. When educating patients or performing medication

reconciliation, I was able to utilize patient communication techniques I learned in school and provide a glimpse of how Purdue University is preparing future pharmacists. I explained the thought process pharmacists use when asking questions. This seemed impactful to patients, as most were unaware of how members of their health care team are trained. Staff members outside of pharmacy also became more familiar with Purdue University as a source of future health care professionals. During my first week in the administrative setting, I participated in meetings involving nursing, physician, and IT leadership. I provided a fresh perspective on routine processes, as well as work behind the scenes. For example, they showed me how they utilized a computer program called Cerner to manage and verify patients’ medications; I asked questions based on the perspective of the pharmacist. Later, I was consulted during an administrative meeting about how the pharmacists completed order entry and used drug selection menus on Cerner. Their ultimate goal was to make Cerner more user friendly and improve workflow and accuracy.

One of the challenges facing IU Health is frequent changes within personnel structure, sometimes making it difficult to communicate within the system. Institutional politics are also a barrier and affect people at every level. Obviously, every employee has their own list of concerns and a wish list. To have a top concern become a priority to those who can affect change, the individual needs support, and they may need to support others’ initiatives first. Concerns are prioritized based on the degree to which they impact the position and the person’s ability to perform.

## STUDENT AUTHOR IMPACT

This internship took place directly prior to my required institutional introductory pharmacy practice experience (IPPE). This was an excellent introduction to hospital pharmacy. At this point in my curriculum, I had completed three semesters of therapeutics. During my internship, each semester focused largely on medications, disease states, patient interactions, and skills development. I learned the basics of oncology and chemotherapy. I learned about agents that can cause hemorrhagic cystitis as a side effect and how preventative medications are employed. I also learned the history behind the use of ammonia as an astringent salt. Finally, I learned about paracentesis, bone marrow biopsies, and diverticulitis. This experience certainly intensified my interest in practicing in ambulatory care and oncology. Many of the pharmacists I worked with said I might consider completing a residency in these areas.





**Figure 3.** Allison Bates in attire to work in a hospital pharmacy.

This internship was most impactful in that I was able to apply my pharmacy knowledge in a real practice setting. Furthermore, since the practice of pharmacy is always evolving, I was introduced to concepts and treatment strategies I had not yet learned in school. My classes have provided a great foundation and preparation for this experience, although much of pharmacy practice depends on the specific practice site or institution. Many of the things I had not yet learned in my classes were specific to IU Health.

All of the pharmacists I worked with had previous experience with students and allowed me to utilize my skills and clinical judgement. As a result, I learned a great deal about procedures, disease states, and medications. I also witnessed different leadership and management styles. I developed my own notes and lists of items that I wanted to learn more about. During downtime, I researched these items and built a reference sheet so I could be better prepared for future discussions. I became aware of part-time work opportunities for students, as well as opportunities to interact with pharmacy residents. Additionally, I learned about IU Health's residency application process and program.

I was able to expand my professional network and increase the likelihood of future learning opportunities. I connected with pharmacists and other employees on LinkedIn. I also learned what it takes to develop an

internship. I reflected on what skills an intern would need to learn in order to thrive in a hospital setting and then developed objectives targeted toward those skills. For example, one objective for the ambulatory care setting is to counsel a patient with hypertension on a healthy lifestyle (diet, exercise, or medication). Baseline objectives and expectations are important at the start of an internship. Looking back, I would have developed objectives with Dr. Moore on the first day, so she could communicate these expectations with the other pharmacists prior to my arrival. I intend to keep in touch with Dr. Moore and with the other pharmacists I met throughout the internship.

## CONCLUSION

The provision of internship opportunities fulfills IU Health's need to connect with future residents and staff members. Reported in the *Hoosier by the Numbers* (n.d.) database as the ninth-largest source of employment for Hoosiers, a healthy relationship with the community is critical to the health of the organization. Student involvement enhances their relationships with the communities they serve, improves student learning, and promotes transparency as an institution.

I had a far more rewarding experience than I had anticipated. Proactive students can find worthwhile experiences by simply reaching out. It has been said that establishing a new path can make all the difference in a journey. I found a valuable path within the IU Health system.

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